



United States Senate

Office of the Sergeant at Arms
Department of Human Resources
Room 142, Hart Building
Washington, D.C. 20510

Phone: 202-224-2889

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EMPLOYMENT APPLICATION FORM

Application for Position of: _____
(All applications must refer to a current position vacancy.)

Name: _____
Mr., Mrs., Ms., Miss (optional) (Last) (First) (M.I.)

Home Address: _____
(Number) (Street) (Apt. #)

(City) (State) (Zip)

Primary Phone : _____ Alternate Phone: _____
☐ Home ☐ Cell ☐ Work ☐ Home ☐ Cell ☐ Work

Email Address: _____

Are you a citizen of the United States?* Yes ☐ No ☐

• If not, of what country are you a citizen? _____

• Are you legally eligible for employment in the United States? Yes ☐ No ☐

*Pursuant to federal law, Senate employees must be U.S. citizens, with some limited exceptions.

EDUCATION

INSTITUTION

DID YOU GRADUATE?

| | FROM | TO | YES | NO | DEGREE / MAJOR |
|-----------------------------|------|----|-----|----|----------------|
| High School _____ | | | | | |
| College or University _____ | | | | | |
| Graduate School _____ | | | | | |
| Additional Training _____ | | | | | |

Scholastic & Professional Achievements: _____

SKILLS

Summarize specific job-related skills related to the position you desire (e.g., special training, work experience, technology programs, foreign languages):

WORK EXPERIENCE

Please fill out this portion completely. (A resume is not a substitute for an application form, but a resume may be attached to this form.) Begin with your current or most recent work experience. Attach additional pages, if necessary.

1. _____
(Name of Employer) (Your Job Title) (Dates of Employment)

(Address of Employer) (Final Salary)

(Name of Supervisor) (Supervisor's Job Title) (Telephone Number)

Description of Work: _____

Reason for Leaving: _____

May we talk to your current employer about your qualifications and record of employment? Yes ☐ No ☐

If not, please explain: _____

2. _____
(Name of Employer) (Your Job Title) (Dates of Employment)

(Address of Employer) (Final Salary)

(Name of Supervisor) (Supervisor's Job Title) (Telephone Number)

Description of Work: _____

Reason for Leaving: _____

3. _____
(Name of Employer) (Your Job Title) (Dates of Employment)

(Address of Employer) (Final Salary)

(Name of Supervisor) (Supervisor's Job Title) (Telephone Number)

Description of Work: _____

Reason for Leaving: _____

4. _____
(Name of Employer) (Your Job Title) (Dates of Employment)

(Address of Employer) (Final Salary)

(Name of Supervisor) (Supervisor's Job Title) (Telephone Number)

Description of Work: _____

Reason for Leaving: _____

5. _____
(Name of Employer) (Your Job Title) (Dates of Employment)

(Address of Employer) (Final Salary)

(Name of Supervisor) (Supervisor's Job Title) (Telephone Number)

Description of Work: _____

Reason for Leaving: _____

REFERENCES

Provide the names of three persons who: 1) are not related to you, 2) know you professionally, and 3) are not personal friends. Do not repeat the name of any supervisor listed under the Work Experience section of this application.

| Name | Telephone | In what capacity did this person observe you or your work? |
|------|-----------|--|
| | | |
| | | |
| | | |

OTHER INFORMATION

1. How did you learn of this position? _____

2. Does the Senate Sergeant at Arms employ any of your relatives? Yes ☐ No ☐ If yes, provide the name, relationship and department where the relative works. If multiple relatives are employed, attach additional page(s).

Name: _____ Relationship: _____ Department: _____

3. Have you ever been fired, asked to resign or denied reemployment? Yes ☐ No ☐ If yes, provide a detailed explanation (employer, when, reason, etc.). *Attach additional pages if necessary.*

4. Have you ever resigned after being notified of a recommendation to fire you? Yes ☐ No ☐ If yes, provide a detailed explanation (employer, when, reason, etc.). *Attach additional pages if necessary.*

5. Have you ever been convicted of a violation of the law (misdemeanor or felony) other than a minor traffic violation? Yes ☐ No ☐ If yes, provide a detailed explanation of every such conviction* (kind of conviction, when, where, outcome, etc.). *Attach additional pages if necessary.*

6. Are any criminal or non-civil charges or proceedings pending against you? Yes ☐ No ☐ If yes, provide a detailed explanation of every such charge or proceeding* (what is the charge, where, when, etc.). *Attach additional pages if necessary.*

**When answering these questions, you may omit (a) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (b) any conviction the record of which has been expunged under federal or state law, and (c) any conviction set aside under the Federal Youth Corrections Act or similar authority. Being convicted of or charged with a misdemeanor or felony will not necessarily disqualify an applicant from employment.*

CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge. I understand that a false answer to any question, or the withholding or omission of any information on this form, may be grounds for not employing me, or for dismissing me after I begin work.

I hereby authorize any authorized representative of the U.S. Senate Office of the Sergeant at Arms (SAA) bearing this release or a copy thereof to obtain any background information from schools, employers, criminal justice agencies, or other individuals. This information may include, but is not limited to, academic, achievement, performance, attendance, disciplinary, and conviction records. I hereby direct the release of such information upon request of the bearer. I understand that the information released is for official use by the SAA and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities. I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may result from their compliance, or any attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me.

If employed and in consideration of my employment, I understand that I may be subject to drug or alcohol testing and I agree to conform to the rules and regulations of the SAA and to those of the Senate. I understand that in accordance with the law and office policy, employees of the SAA are employed at will and that employment can be terminated with or without cause and with or without notice at any time and at the option of either me or my employer. I understand that no representative of the SAA has any authority to enter into any agreement of employment for any specific period of time or to make any agreement contrary to the foregoing.

I understand that I must provide proof of my eligibility for employment in the United States and the Senate.

Signature of Applicant: _____ Date: _____